

216 South Catawba Street

**Check One**

Post Office Box 1149

Lancaster, South Carolina 29721-1149  **Annual** Business License

Tel: 803-289-1462  **Event/Peddler** Business License

Fax: 803-286-6111  **Project Only** Business License

**New Business License Pre-Approval and Application**

**If your business will be located in a new or existing building, DO NOT complete this form until the Zoning Occupancy Permit has been completed.**

**PLEASE PRINT CLEARLY!** **Complete this section and take to the Business License Department.** A staff member will review your proposed business for compliance with City of Lancaster Codes and Ordinances. To obtain a City business license, payment is due at time application is submitted. Businesses located outside the City limits need only report annual gross receipts generated within the City limits. Businesses located inside the City limits must report ALL annual gross receipts. Please be advised that your business is subject to an audit. City business licenses are issued annually for the period June 1 through May 31. **Renewal license fees are due and payable before June 1 or penalties are applied.** For businesses subject to Hospitality Tax, these **payments are due by the 20th of each month or penalties are applied. Credit cards will be accepted in our office or over the phone with a 3% processing fee added to customers.**

Application Date:       Expected Start Date:       End Date (**Project Only**):

**Event / Project** Street Address:       Lancaster, SC 29720

Applicant Name:

Applicant Phone: \_\_\_\_ Business Phone: \_\_\_\_\_\_\_\_\_ Applicant Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name **/** DBA:

Business Mailing Address:       City, ST Zip:

Business Street Address:       City, ST Zip:

Business Description:       Annual (Estimated) or Project Gross Receipts: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Federal Identification Number South Carolina Business, Retail,

or Applicant Social Security Number:       or Other Required License Number:

Will the business have coin-operated machines?  Yes  No (If "Yes", additional fees apply)

Will the business sell prepared foods and beverages?  Yes  No (If "Yes", Hospitality Tax applies)

Will the business rent booths, e.g., beautician, barber, etc.  Yes  No (If "Yes", how many booths?      )

Will the business have on-site alcohol consumption?  Yes  No

Please provide two names with telephone numbers for Police or Fire Department personnel to contact in case of emergency:

Contact 1:       Telephone:

Contact 2:       Telephone:

**I HEREBY CERTIFY THAT THE INFORMATION WRITTEN ABOVE IS TRUE AND CORRECT** and that any and all business and business premises related assessments, charges, and taxes due to the City have been paid in full (§12-5 City of Lancaster Code of Ordinances). I understand that City ordinances provide for penalties and revocation of license for false or fraudulent statements.

**Applicant Signature: Date:**

## FOR INTERNAL USE ONLY Pre-Approval by Building, Planning, and Zoning Department

**I have reviewed the proposed business and find that it complies with the applicable zoning requirements.**

**BPZ Staff:**  **Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ Zoning:**

**Comments:  Business is not located inside City limits.**

## FOR INTERNAL USE ONLY Amount Due: $ Paid: \_\_\_\_ /\_\_\_\_ /\_\_\_\_

## Cash Check #\_\_\_\_\_\_\_\_ CC- Auth.Code \_\_\_\_\_\_\_\_\_ Mirror Hangers #\_\_\_ (Mirror Hangers must be visibly displayed)

## Business License Approved and Issued By: License Number: BL Expires: \_\_\_\_ /\_\_\_\_ /\_\_\_\_

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